

Employee Instructions for Weekly Employee Survey Form (Section II)

1. **Employee Information:** Complete all the Employee Information section, including signature and date.
2. **Scheduled Report Time:** Indicate the time you are regularly scheduled to report to work each day of the survey week. Indicate if the time is AM or PM by circling one or the other.
3. **MODE:** Be sure to make **one** checkmark indicating your commute mode, compressed workweek day off (if applicable) and absence for each day in rows “A – CC”. **There should be a total of ONLY 5 (five) checkmarks on the survey form for the 5 days (one mark for each day).**

These modes must be utilized for the majority (51%) of the commute distance. Indicate the total number of people in the vehicle each day (including the driver). It is possible there will be a different number of people in the vehicle on each day of the commute.
4. **Bus or Transit:** Make a checkmark on line “Q” for every day that you commute 51% or more of the commute distance on a bus line.
5. **Rail/plane:** Make a checkmark on line “R” for every day that you commute 51% or more of the commute distance by rail or plane.
6. **Walk or Bicycle:** Make a checkmark on line “S or T” respectively for every day that you commute 51% or more of the commute distance by walking or bicycling.
7. **Electric Vehicle:** Make a checkmark on line “U” for every day that you commute 51% or more of the commute distance by electric vehicle.
8. **Telecommute:** Make a checkmark on line “V” for each day you telecommute. Telecommuting is defined as working a full day at home or at a satellite work station (work station commute must produce a 51% reduction in your normal commute to the worksite.)
9. **Noncommuting:** Make a checkmark on line “W” for every full 24 hour period in which you were either outside the SCAQMD jurisdiction (all of Orange County and the non-desert portions of LA, SB and Riverside counties) to complete work assignment; or you did not generate any work in the basin for a 24 hour period. Those who qualify for this mode may be hospital staff, fire fighters, airline employees, law enforcement, etc.
10. **Compressed WorkWeek Day(s) Off:** Make a checkmark on line “X, Y or Z” to indicate your compressed work weekday off. This section is checked only if you were off during the survey week.

3/36 – work 3 days/12 hours each day; 2 days off
4/40 – work 4 days/10 hours each day; 1 day off
9/80 – work 9 days/80 hours; 1 day off in a 2 week period
11. **Other Days Off:** During the survey week, if you are on vacation, out sick, jury duty, leave of absence, did not report during window one day, home dispatched, etc, please checkmark that day(s) in this section.

If you have any questions about how to fill out the survey form properly, please ask your designated Employee Transportation Coordinator_____ at _____.